

(703) 305-3734

SERIAL NO.

09/582916

APPLICANT(S)

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2				/		
3				/		
4				/		
5				/		
6				/		
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48				/		
49				/		
50				/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	9		10			
TOTAL DEP.	79		79			
TOTAL CLAIMS	88		89			